

ND7000009432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900117977449

02/15/08--01015--013 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 15 PM 12:42

OD/Res  
@ 2/18/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AGUILAS DE PAZ, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N07000009432

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ariane Diaz

(Name of Person)

(Name of Firm/Company)

455 NE 25th ST #410

(Address)

Miami, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

Ariane Diaz at ( 305 ) 244-9886  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Ariane Diaz, hereby resign as SD  
(Title)

of Aguilas de Paz, Inc  
(Name of Corporation)

N07000009432, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 15 PM 12:42

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314